



Cape Fear Community College

411 North Front Street • Wilmington, North Carolina 28401-3993
Phone (910)362-7000 • Fax (910)362-7080 • <http://cfcc.net>

ACADEMIC TRANSCRIPT/TEST SCORES ORDER FORM

Additional forms may be obtained in the Admissions Office
or online at <http://cfcc.edu/admissions/TranscriptRequestOtherSchools.pdf>

NOTE: Please fill out completely and mail to your high school, GED, or adult high school diploma awarding institution and any colleges you have attended. This form is for your convenience. You may submit requests for transcripts by other methods, but the transcript must be received in our office in the original sealed envelope from the awarding institution. When requesting transcripts, please be aware that many secondary and post-secondary schools charge a fee for this service. If you are requesting a transcript during the one month before classes begin, it is recommended that you have the transcript mailed to yourself, and that you hand deliver it to the admissions office unopened in the original sealed envelope.

FAXED TRANSCRIPT NOT ACCEPTABLE

ACADEMIC TRANSCRIPT/TEST SCORES REQUEST

PLEASE PRINT

Name of school attended: _____

I have applied for admission to Cape Fear Community College. Please send my:
(check all that apply)

- Academic Transcript
- Score Results for tests taken at your institution (Accuplacer, ASSET, Compass, SAT, ACT)
- Both (Academic Transcript and Score Results)

Please note my social security number on the official transcript and mail the transcript directly to:

**Admissions Office, Cape Fear Community College, 411 North Front Street, Wilmington, NC 28401
OR**

IF THIS BOX IS CHECKED, PLEASE MAIL TO THE NAME AND ADDRESS LISTED BELOW

If the transcript cannot be mailed, please notify me as soon as possible. A faxed transcript is not acceptable.
I agree to pay for this service when billed.

Name: _____
(Last) (First) (Middle)

Former/Maiden name: _____

Home Address: (Street, Route, Box) _____

(City) _____ (State) _____ (Zip Code) _____

Telephone Number: _____

Social Security Number: _____ Date of Birth: _____

Enrollment Dates: (Date entered) _____ Program of Study: _____
(Last date attended):

(Applicant's Signature) _____